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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 4:30

DOCUMENT # **446987**

(0)

1. Corporation Name

**BOETTO CORPORATION**

Principal Place of Business

**33243 BINT 1BN LANE  
SORRENTO FL 32776**

Mailing Address

**33243 BINT 1BN LANE  
SORRENTO FL 32776**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/27/1974</b>                                                                                                         | 3a. Date of Last Report<br><b>02/18/1994</b>           |
| 4. FEI Number<br><b>59-6521889</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>                                                                             | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

**BOETTO, DOMINIC  
33043 BINT 1BN LANE  
SORRENTO 32776**

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| FL 85 Zip Code                                        |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | STD                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOETTO, EUNICE      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 33043 BINT 1BN LANE | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | SORRENTO, FL 00000  | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | PD                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THURSTON, LAURA     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 33243 BINT 1BN LANE | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | SORRENTO, FL 00000  | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOETTO, DOMINIC     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 33043 BINT 1BN LANE | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | SORRENTO, FL 00000  | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VD                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOETTO, JEFF        | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 162 LAKE AVE        | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LONGWOOD FL         | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VD                  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOETTO, STEVE       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 162 LAKE AVE        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | LONGWOOD, FL 00000  | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                     | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attached report.

SIGNATURE:

*Dominic Boetto*

DOMINIC BOETTO

3/29/95

904-785-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number